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was perhaps impracticable, but relative protection was valuable and was always possible.

THE DIAGNOSIS OF TREATMENT OF THORACIC ANEURYSM.

At the Medical Society of London Dr. Kingston-Fowler said that the diastolic thud was a sign of the greatest value since it was present in no other condition. Tracheal tugging also indicated aortic aneurysm. The only fallacy was that a new growth almost surrounding the aorta and attached to the trachea might communicate movement to it. The treatment consisted of several factors. Rest and iodid were very efficacious in the relief of pain. If no improvement took place he then added a modified Tufnell diet. Seven ounces of solids and eight of fluids daily were the quantities he had adopted. Lanceraux' method of treatment by gelatin injections he had seen carried out in 3 cases. His experience was not favorable. One of the patients had probably been benefited. Where spasm of the laryngeal muscles existed inhalations of oxygen and the injection of morphia were useful. The prognosis of aneurysm he believed was better than was generally thought. He had known several patients to live for years—one for 13 years, another for 6, and another for 9.

Correspondence.

Origin of Leprosy in Hawaii.

KOLOA, KAUAI, H. I., Dec. 15., 1900.

To the Editor:—In your issue of November 17 last you say editorially in regard to the origin of leprosy in Hawaii, its protection by the chiefs, etc.:

"The missionary physicians soon learned to recognize it, and one of them, Dr. Dwight Baldwin, it is said, made a report of it, stating the facts of its origin. . . . So long as the Hawaiian monarchy existed, segregation of lepers, though legally demanded, was very imperfectly carried out, owing, it is said, to the interference in high places. . . . The isolation law is an unpopular one with the natives. . . . These data were obtained from the Honolulu *Commercial Advertiser*, whose authority for the main facts is the Rev. Sereno Bishop. . . . *We have not seen this bit of medical history narrated elsewhere.*"

In my article on leprosy, which appeared in the *New York Medical Record* of Jan. 27, 1900, and which was republished in book form several months ago, I said:

"The first leprous man in Hawaii that came to the notice of the general public, was a native man named Naea, who died in 1852, after having been a leper for ten years. His case was reported by Dr. D. D. Baldwin of Lahaina, who, in 1863, discovered that there were 50 lepers in his church. He was a physician as well as a minister. . . . The same year Dr. Hillebrandt, surgeon to the Queen's Hospital, wrote: 'I wish to bring to the public's notice a subject of great importance. . . . It is genuine oriental leprosy. Repeated investigations leave but little doubt in my mind about the contagious character of the disease.' . . . It was called by the natives 'mai pake,' or Chinese disease."

The name "mai alii," not "ma'i alli," as you have it—was never so current as "mai pake," which is the common name for leprosy.

"In 1864 the board of health appointed Mr. Jourdan to take a 'leper census,' and report the same. . . . In January, 1865, the King signed an act providing that certain lands be 'set apart' for 'the isolation and segregation of lepers'; that the board of health or its agents 'be authorized and empowered to cause to be confined all lepers who shall be deemed capable of spreading the disease of leprosy.' . . . With all his talk, Mr. Gibson delayed the good work of segregation, and during the time that he was president of the board of health very little effective work was done. When, later on, Dr. Emerson and others took up the health matters of the country, it was with added difficulty. . . . It was the sad fate of Dr. J. K. Smith to die by the hand of a man whose wife the doctor had ordered to Molokai."

In his official report for 1884, W. M. Gibson, as president of the board of health, says: "But it is difficult to indulge in any reflection on the action of my predecessors because the law requiring segregation has not been carried out with rigor. For what does this law require? That men, women and children shall be torn from their homes [here is a recital of several pathetic cases]. These are some of the experiences and consequences of the law. . . . There should be no alarm in consequence of the temporary presence in the street of a leper; or on account of any ordinary intercourse with sufferers from this disease. . . . According to invariable experience in the observation of this disease in this country and elsewhere, such a sufferer may pass the healthy in the street or frequent the same room with them in the ordinary intercourse of life."

This was a shameless bid for the favor of Kalakaua and his native population. Following the report of Gibson is that of Dr. N. B. Emerson, then—1884—superintendent of the leper settlement, in which he says: "I can not refrain from remarking with great regret the comparatively small number of lepers that have been brought to this settlement from without during the past year, when one considers the great number still at large in the community. I gravely apprehend that this may prove a matter of serious regret to the Hawaiian nation in the future."

In a contribution to the *Philadelphia Medical Journal*, June 2, 1900, I said: "With 4000 lepers scattered over the group, the Hawaiian government began to segregate at first in an inefficient way, retarded often by ignorant and designing officers. . . . In the 34 years during which Hawaii has practiced segregation *the law has been really enforced in the last 14 only.*"

In respect to the first case of leprosy in Hawaii, accounts differ. Sereno Bishop thinks that Kakauonohi, a Hawaii chief, contracted leprosy in China—to which country Hawaiian ships frequently went with sandalwood—and introduced the disease among his people. In a personal interview with ex-Queen Lilioukalani she said she remembered seeing the first leper on Oahu, and that he was a chief who had been to China.

On the other hand, the government "Biennial Report," issued in 1888, says: "Leprosy was first made out to exist in this country about the year 1840, in the person of one Naea, a messenger of the chief, who died in 1852. His case was reported by Rev. D. D. Baldwin, M.D., of Lahaina, in a communication to the minister of the interior, dated May 26, 1864."

E. S. GOODHUE, M.D.

Foreign Bodies in the Ear.

BURLINGTON, IA., Dec. 30, 1900.

To the Editor: I hope that I shall not be accused of trying to make a mountain out of a molehill, but I think that somebody should at least say that your other correspondent on this subject, in THE JOURNAL of December 22, page 1643, is preaching just as pernicious a doctrine as that he assumes to condemn.

Personally speaking, after an experience of more than twenty years, with a fairly numerous clientèle, I am unable to recall a single instance where serious permanent damage resulted from retention of foreign bodies in the ear. Several years ago I removed a small piece of slate pencil—case was reported then—which my patient maintained she had poked into the canal when she was a child twenty years before. So far as I could see, it might have safely remained there another twenty years imbedded as it was in cerumen. Insects whole and in pieces I have extracted after months and years of lodgment.

On the other hand, and this I think is a common experience among aurists, or the books would not so universally speak of it, I have seen no little damage done by ill-advised and ill-devised attempts at extraction—particularly where instrumental delivery was the means adopted.

In a paper which I prepared many years ago for the annual meeting of our State Medical Society I formulated a rule, which I still hold as covering the situation. It was in this wise:

Be sure that the foreign body is in the ear. Then remember that if it is of such consistency and size that it will offer resistance to such a stream of water as you can introduce with a syringe, then the stream of warm water from a syringe, with the nozzle at the highest margin of the meatus, will bring it

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